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B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court District of Utah

| In re | Chelsea Dawn McDade | | Case No | |
|-------|---------------------|----------|---------|---|
| _ | | Debtor , | | |
| | | | Chapter | 7 |
| | | | 1 | |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|--|----------------------|------------------|-------------------|-------------|--------|
| A - Real Property | Yes | 1 | 0.00 | | |
| B - Personal Property | Yes | 3 | 7,620.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | 20,899.49 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 15 | | 63,743.44 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 1 | | | 668.00 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 1 | | | 668.00 |
| Total Number of Sheets of ALL Schedu | ules | 26 | | | |
| | T | otal Assets | 7,620.00 | | |
| | | | Total Liabilities | 84,642.93 | |

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Form 6 - Statistical Summary (12/07)

United States Bankruptcy Court District of Utah

| In re | Chelsea Dawn McDade | | Case No. | |
|-------|---------------------|--------|----------|---|
| - | | Debtor | | |
| | | | Chapter | 7 |

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. \S 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|----------|
| Domestic Support Obligations (from Schedule E) | 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00 |
| Student Loan Obligations (from Schedule F) | 1,607.38 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | 0.00 |
| TOTAL | 1,607.38 |

State the following:

| Average Income (from Schedule I, Line 16) | 668.00 |
|--|--------|
| Average Expenses (from Schedule J, Line 18) | 668.00 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | 668.00 |

State the following:

| | | _ |
|--|------|-----------|
| Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | 13,849.49 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | 0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | 0.00 |
| 4. Total from Schedule F | | 63,743.44 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | 77,592.93 |

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B6A (Official Form 6A) (12/07)

| In re | Chelsea Dawn McDade | Case No. | |
|-------|---------------------|----------|--|
| - | | Debtor | |

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and **Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Current Value of Husband, Debtor's Interest in Wife, Nature of Debtor's Amount of Description and Location of Property Property, without Joint, or Secured Claim Interest in Property Deducting any Secured Claim or Exemption Community

None

Sub-Total > 0.00 (Total of this page)

Total > 0.00

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

| In re | Chelsea Dawn McDade | Case No. | |
|-------|---------------------|----------|--|
| • | | Debtor | |

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| | Type of Property | N O Description and Location of Property E | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption |
|-----|---|---|---|--|
| 1. | Cash on hand | Cash | - | 0.00 |
| 2. | Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | X | | |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others. | Х | | |
| 4. | Household goods and furnishings, | Living Room Couch and Lamp | - | 30.00 |
| | including audio, video, and computer equipment. | Beds, Dressers, Bedding & Sheet Sets | - | 210.00 |
| | | Dishes, Silverware and Small Kitchen Appliances | - | 105.00 |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | Library: Books, CDs, Videos & DVDs | - | 25.00 |
| 6. | Wearing apparel. | Clothing | - | 150.00 |
| 7. | Furs and jewelry. | x | | |
| 8. | Firearms and sports, photographic, and other hobby equipment. | х | | |
| 9. | Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | |
| 10. | Annuities. Itemize and name each issuer. | x | | |
| | | | Sub-Tot | al > 520.00 |

2 continuation sheets attached to the Schedule of Personal Property

(Total of this page)

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$ - Cont.

| In re | Chelsea Dawn McDade | | Case No. |
|-------|---------------------|---|----------|
| | | • | |

Debtor

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| | | | · · · · · · · · · · · · · · · · · · · | | |
|-----|---|------------------|---------------------------------------|---|---|
| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. | Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 16. | Accounts receivable. | X | | | |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | F | Pending Paternity Action | - | Unknown |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| | | | | Sub-Tota | al > 0.00 |
| | | | (T | otal of this page) | |

Sheet __1__ of __2__ continuation sheets attached to the Schedule of Personal Property

 $B6B\ (Official\ Form\ 6B)\ (12/07)$ - Cont.

| In re | Chelsea Dawn McDade | Case No. |
|-------|---------------------|----------|
| | | <u> </u> |

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption |
|-----|---|------------------|--|---|--|
| 22. | Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. | Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories. | REPO Judgi | PSSESSED 2006 Saturn Ion Coupe (Court ment) (NADA Average Trade-In Value) | - | 4,350.00 |
| | | | SSESSED 2004 Oldsmobile Alero, (NADA age Trade In Value) | - | 2,700.00 |
| 26. | Boats, motors, and accessories. | X | | | |
| 27. | Aircraft and accessories. | X | | | |
| 28. | Office equipment, furnishings, and supplies. | X | | | |
| 29. | Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. | Inventory. | X | | | |
| 31. | Animals. | Dome | estic Pets | - | 50.00 |
| 32. | Crops - growing or harvested. Give particulars. | x | | | |
| 33. | Farming equipment and implements. | X | | | |
| 34. | Farm supplies, chemicals, and feed. | X | | | |
| 35. | Other personal property of any kind not already listed. Itemize. | x | | | |

Sub-Total > (Total of this page) Total > 7,100.00

9/12/12 3:33PM

7,620.00

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (4/10)

| In re | Chelsea Dawn McDade | | Case No. | |
|-------|---------------------|--------|----------|--|
| | | Debtor | | |

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. §522(b)(2)

11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$146,450. (Amount subject to adjustment on 4/1/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|---|--|----------------------------------|---|
| Household Goods and Furnishings Living Room Couch and Lamp | Utah Code Ann. § 78B-5-506(1)(a) | 30.00 | 30.00 |
| Beds, Dressers, Bedding & Sheet Sets | Utah Code Ann. § 78B-5-505(1)(a)(viii)(E) | 210.00 | 210.00 |
| Dishes, Silverware and Small Kitchen Appliances | Utah Code Ann. § 78B-5-505(1)(a)(viii)(A) | 105.00 | 105.00 |
| Books, Pictures and Other Art Objects; Collectibles Library: Books, CDs, Videos & DVDs | Utah Code Ann. § 78B-5-506(1)(c) | 25.00 | 25.00 |
| Wearing Apparel Clothing | Utah Code Ann. § 78B-5-505(1)(a)(viii)(D) | 150.00 | 150.00 |
| Animals Domestic Pets | Utah Code Ann. § 78B-5-506(1)(c) | 50.00 | 50.00 |

Total: **570.00 570.00**

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B6D (Official Form 6D) (12/07)

| In re | Chelsea Dawn McDade | Case No. | |
|-------|---------------------|----------|--|
| | | , | |
| | | Debtor | |

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured

guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Hu H W J C | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTLXGENT | DRLLQULDAFED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|-----------------|------------------------|--|--------------|--------------|----------|--|---------------------------------|
| Account No. xxx-xxxx-x1284 | | | 2005 | _ | Ė | | | |
| GMAC PO Box 5627 Denver, CO 80217-5627 | х | - | Automobile REPOSSESSED 2004 Oldsmobile Alero, (NADA Average Trade In Value) | | | | | |
| | | | Value \$ 2,700.00 | | | | 15,693.84 | 12,993.84 |
| Account No. xxxxxxxx0606 | | | Opened 6/07/06 Last Active 4/27/10 | | | | | |
| Members First Credit Union | | | Automobile | | | | | |
| PO Box 657 Brigham City, UT 84302 | | - | REPOSSESSED 2006 Saturn Ion Coupe (Court Judgment) (NADA Average Trade-In Value) | | | | | |
| | | | Value \$ 4,350.00 | | | | 5,205.65 | 855.65 |
| Account No. | | | Value \$ | | | | | |
| Account No. | | | | | | | | |
| | | | Value \$ | | | | | |
| continuation sheets attached | <i></i> | | S (Total of th | ubt nis p | | | 20,899.49 | 13,849.49 |
| | | | (Report on Summary of Sc | _ | ota ule | · I | 20,899.49 | 13,849.49 |

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B6E (Official Form 6E) (4/10)

| • | | |
|-------|---------------------|----------|
| In re | Chelsea Dawn McDade | Case No. |
| • | | Debtor |

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) ☐ Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). ☐ Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). ☐ Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). ☐ Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). ☐ Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). ☐ Deposits by individuals Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). ☐ Taxes and certain other debts owed to governmental units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). ☐ Commitments to maintain the capital of an insured depository institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). ☐ Claims for death or personal injury while debtor was intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

another substance. 11 U.S.C. § 507(a)(10).

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B6F (Official Form 6F) (12/07)

| In re | Chelsea Dawn McDade | | Case No. | |
|-------|---------------------|--------|----------|--|
| | | Debtor | | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of

Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| ☐ Check this box if debtor has no creditors holding unsecur | ed c | lain | ns to report on this Schedule F. | | | | | |
|---|-----------------|---------|---|--------------|-------------|---|-----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Hu H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | Q U | | | AMOUNT OF CLAIM |
| Account No. xx6571 | | | Opened 1/31/12 Last Active 4/01/12 Collection Regional West Medical Center | T | T E D | | | |
| Accelerated Receivables Solutions 2223 Broadway Scottsbluff, NE 69361 | | - | Conection Regional West Medical Center | | D | | | |
| | | | | \perp | L | L | \perp | 1,076.70 |
| Account No. xx1799 Accelerated Receivables Solutions 2223 Broadway Scottsbluff, NE 69361 | | - | Opened 9/21/11 Last Active 3/01/12 Collection Regional West Medical Center | | | | | |
| | | | | | | | | 104.65 |
| Account No. xxx1702 Bonneville Billing & Collections Inc PO Box 150621 Ogden, UT 84415-0621 | | - | Opened 3/01/12 Last Active 7/01/12 Collections Medical Debt | | | | | 2,005.00 |
| Account No. xxx4417 | t | | Opened 4/01/09 Last Active 7/01/09 | $^{+}$ | r | t | \dagger | |
| Bonneville Billing & Collections Inc PO Box 150621 Ogden, UT 84415-0621 | | - | Collections Medical Debt | | | | | |
| | | | | | | L | \perp | 99.00 |
| | | | (Total of | Subt this | | | .) | 3,285.35 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Chelsea Dawn McDade | Case No. | |
|-------|---------------------|----------|--|
| | | Debtor | |

| | | _ | | _ | | - | 1 |
|---|----------|-------------|---|---------------|-----------|-----------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C A H | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | UNLLQULDA | D I S P U T E D | AMOUNT OF CLAIM |
| Account No. xxx2436 | | | Opened 6/12/07 Last Active 10/01/07 | Т | E D | | |
| Bonneville Billing & Collections Inc PO Box 150621 Ogden, UT 84415-0621 | | - | Collections Rocky Mountain Power | | D | | 82.00 |
| Account No. xxx-xxx-xxxxx 4011 | \vdash | | Telecommunications Services | | | | |
| Centurylink Attn: Bankruptcy Group 700 W. Mineral Ave, Arizona Room Littleton, CO 80120 | | - | | | | | |
| | L | | | L | | | 434.05 |
| Account No. xxxx6773 Collection Center PO Box 4000 Rawlins, WY 82301 | | _ | 8/4/2011 Collections Jackson Hole Medical Imaging PC | | | | 42.00 |
| Account No. xxxxxxxxxxxx5268 | ┢ | | 5/16/2007 | | | | |
| Comcast PO Box 34744 Seattle, WA 98124-1744 | | - | Cable Television Services | | | | 26.36 |
| Account No. 3567 | \vdash | | 4/19/2011 | | | <u> </u> | |
| Dr. Kay B. Christensen 718 East Main PO Box 146 Tremonton, UT 84337 | | - | Medical Debt | | | | 36.00 |
| Charter 4 of 44 of 1 1 1 1 1 1 1 1 1 1 | <u> </u> | | | <u></u> | <u>L</u> | | 33.30 |
| Sheet no. <u>1</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of the | Subt his j | | | 620.41 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Chelsea Dawn McDade | Case No. | |
|-------|---------------------|----------|--|
| | | Debtor | |

| | С | I Ho | sband, Wife, Joint, or Community | | С | Ιυ | D | |
|---|----------|------------------|--|-------------------|-----------|-------------|----|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | DATE CLAIM WAS INCURRED A CONSIDERATION FOR CLAIM. IF C IS SUBJECT TO SETOFF, SO STA | LAIM | CONTINGEN | L | lι | AMOUNT OF CLAIM |
| Account No. xx6631 | | | 10/30/2008 Educational | | T | T E D | | |
| Enterprise Recovery System 2000 York Road, Suite 114 Oak Brook, IL 60523 | | - | | | | | | 1,607.38 |
| Account No. xxx5189 | H | | Opened 2/01/12 Last Active 4/01/12 | | | \vdash | | |
| Express Recovery Services PO Box 26415 Salt Lake City, UT 84126 | | - | Collections Medical Debt | | | | | 278.00 |
| Account No. xxx1918 | | | Opened 3/01/11 Last Active 6/01/11 | | | | | |
| Express Recovery Services PO Box 26415 Salt Lake City, UT 84126 | | - | Collections Logan Radiology Group | | | | | 127.00 |
| Account No. xxx5573 | | | Opened 1/01/12 Last Active 3/01/12 | | | | | |
| Express Recovery Services PO Box 26415 Salt Lake City, UT 84126 | | - | Collections Medical Debt | | | | | 65.00 |
| Account No. xxx1963 | \vdash | \vdash | 6/8/2012 | | | \vdash | | |
| Express Recovery Services PO Box 26415 Salt Lake City, UT 84126 | | - | Collections Logan Radiology Group | | | | | 557.31 |
| Sheet no. 2 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | • | | S (Total of th | | tota pag | | 2,634.69 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Chelsea Dawn McDade | Case No. | |
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| | | Debtor | |

| | _ | ш., | sband, Wife, Joint, or Community | Tc | Lu | D | |
|---|----------|-----|---|-------------|--------|----------|-----------------|
| AND ACCOUNT NUMBER (See instructions above.) | CODEBLOR | L C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | | I SPUTED | AMOUNT OF CLAIM |
| Account No. xxx7182 Express Recovery Services | | | Collections Douglas Walker DO (and other unknown creditors) | Т | E D | | |
| PO Box 26415 | | - | | | | | |
| Salt Lake City, UT 84126 | | | | | | | |
| Account No. xxx2655 | | | 8/5/2008 | | _ | - | 1,714.69 |
| Express Recovery Services PO Box 26415 Salt Lake City, UT 84126 | | - | Collections Circle of Life Womens Center | | | | |
| | | | | | | | 705.16 |
| Account No. xxx5.201 Gross Ventre OB/GYN, LLP PO Box 3306 Idaho Falls, ID 83403-3306 | | - | 4/14/2011 - 4/15/2011 Medical Debt | | | | |
| | | | | | | | 2,525.00 |
| Account No. xxxx0481 Intermountain Healthcare Patient Financial Services PO Box 410400 Salt Lake City, UT 84141-0400 | | _ | Opened 9/28/07 Last Active 4/01/08 Collections Bear River Valley Hospital | | | | |
| Account No. xxxx8767 | | | Opened 5/01/06 Last Active 11/01/06 | | | | 2,368.00 |
| Intermountain Healthcare Patient Financial Services PO Box 410400 Salt Lake City, UT 84141-0400 | | _ | Medical Debt | | | | 669.00 |
| Sheet no. 3 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of | Sub this | | | 7,981.85 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Chelsea Dawn McDade | Case No. | |
|-------|---------------------|----------|--|
| | | Debtor | |

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|--|---------|----|---|----------|-----------|-------------|-----------------|
| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | CONT | -rzc | D I | |
| MAILING ADDRESS | CODEBTO | н | DATE OF A BANKAG BICKIPPED AND | Ň | <u> </u> | S P | |
| INCLUDING ZIP CODE, | l E | w | DATE CLAIM WAS INCURRED AND | H | ဂ | U | |
| AND ACCOUNT NUMBER | Ţ | J | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | N | Ū | U T E | AMOUNT OF CLAIM |
| (See instructions above.) | R | С | is subject to seture, so state. | LZGEZ | Ď | D | |
| Account No. xxxx9740 | | | Opened 6/08/07 Last Active 12/01/07 | T | QD-DAH HD | | |
| | | | Collections Logan Regional Hospital | | D | | |
| Intermountain Healthcare | | | | | | | |
| Patient Financial Services | ı | - | | | | | |
| PO Box 410400 | ı | | | | | | |
| Salt Lake City, UT 84141-0400 | ı | | | | | | |
| | | | | | | | 607.00 |
| Account No. xxx-xxx7155 | ╁ | H | 1/20/2011 | \vdash | | | |
| | 1 | | Medical Debt Bear River Valley Hospital | | | | |
| Intermountain Healthcare | 1 | | | | | | |
| Patient Financial Services | | - | | | | | |
| PO Box 410400 | ı | | | | | | |
| Salt Lake City, UT 84141-0400 | | | | | | | |
| Sait Lake City, 01 04141-0400 | | | | | | | 81.94 |
| | ┖ | | | | | | 61.94 |
| Account No. xxx-xxx5522 | | | 1/18/2011 | | | | |
| | | | Collections Bear River Valley Hospital | | | | |
| Intermountain Healthcare | ı | | | | | | |
| Patient Financial Services | ı | - | | | | | |
| PO Box 410400 | ı | | | | | | |
| Salt Lake City, UT 84141-0400 | | | | | | | |
| , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | 586.38 |
| Account No. xxx-xxx1592 | ╁ | | 4/18/2009 | + | | | |
| Account No. AAA-AAA 1332 | 1 | | Collections Bear River Valley Hospital | | | | |
| lutarus accustaire I la altha are | | | Concensions Boar Kiver Valley Hoopital | | | | |
| Intermountain Healthcare | ı | | | | | | |
| Patient Financial Services | 1 | | | | | | |
| PO Box 410400 | | | | | | | |
| Salt Lake City, UT 84141-0400 | 1 | | | | | | |
| | | | | | | | 629.05 |
| Account No. xxx-xxx5278 | Ī | | 6/18/2008 | | | | |
| | 1 | | Collections Bear River Valley Hospital | | | | |
| Intermountain Healthcare | 1 | | | | | | |
| Patient Financial Services | | l- | | | | | |
| PO Box 410400 | 1 | | | | | | |
| Salt Lake City, UT 84141-0400 | 1 | | | | | | |
| Joan Lake City, OT 04141-0400 | 1 | | | | | | 242.00 |
| | | | | | | | 310.02 |
| Sheet no. 4 of 14 sheets attached to Schedule of | | _ | | Subt | ota | 1 | 0.044.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | his 1 | pag | e) | 2,214.39 |
| 5 r | | | (| | | , | |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Chelsea Dawn McDade | Case No. | |
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| | | Debtor | |

| | I c | 11 | ahand Wife laint or Community | 16 | Ιυ | ΙD | |
|--|----------|------------------|---|-------------|--------------|-------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | COXFLXGEX | ORLIQUIDATED | I S P | AMOUNT OF CLAIM |
| Account No. xxxx0481 | | | Collections Bear River Valley Hospital, Starr | Т | T E | | |
| Intermountain Healthcare Acounts Receivable Management - ARC PO Box 410400 Salt Lake City, UT 84141-0400 | | - | Brigham City & Herefordshire Family Phys | | D | | 3,130.54 |
| Account No. xxx-xxxxx3737 | t | | 7/24/2011-7/27/2011 | | | | |
| Intermountain Healthcare Patient Financial Services PO Box 410400 Salt Lake City, UT 84141-0400 | | - | Collections Bear Rivery Valley Hospital | | | | 4,535.66 |
| Account No. xxx-xxxxx3737 Intermountain Healthcare Patient Financial Services PO Box 410400 Salt Lake City, UT 84141-0400 | | _ | 8/30/2010 & 9/1/2010 Collections Bear River Valley Hospital | | | | 1,261.94 |
| Account No. xxx-xxxxx3737 Intermountain Healthcare Patient Financial Services PO Box 410400 Salt Lake City, UT 84141-0400 | | - | 11/25/2009 Collections Logan Regional Hospital | | | | 61.13 |
| Account No. xxx-xxxxx3737 Intermountain Healthcare Patient Financial Services PO Box 410400 Salt Lake City, UT 84141-0400 | | _ | 2/13/2008 Collections Logan Regional Hospital | | | | 775.38 |
| Sheet no. <u>5</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of | Sub this | | | 9,764.65 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Chelsea Dawn McDade | Case No. | |
|-------|---------------------|----------|--|
| | | Debtor | |

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|---|----------|-------------|---|-----|-----------|------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C H H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | U I D A | D I SPUTED | AMOUNT OF CLAIM |
| Account No. xxx9461 | 1 | | Medical Debt | Т | E | | |
| Intermountain Medical Group PO Box 27128 Salt Lake City, UT 84127-0128 | | - | | | | | 1,305.64 |
| Account No. xxx-xxx9461 | t | \dagger | 7/26/2011 & 9/8/2011 | | \dagger | t | |
| Intermountain Medical Group PO Box 27128 Salt Lake City, UT 84127-0128 | | - | Collections Bear River Family Medicine | | | | 233.44 |
| Account No. xxx9461 | ╁ | + | Medical Debt | + | + | | |
| Intermountain Medical Group PO Box 27128 Salt Lake City, UT 84127-0128 | | - | | | | | 230.35 |
| Account No. xxx-xxx9461 | ╁ | + | 7/14/2010 & 9/8/2010 | + | + | + | |
| Intermountain Medical Group PO Box 27128 Salt Lake City, UT 84127-0128 | | - | Collections Bear River Specialists | | | | 365.84 |
| Account No. xxx9461 | † | t | 11/25/2009 | | \dagger | | |
| Intermountain Medical Group PO Box 27128 Salt Lake City, UT 84127-0128 | | - | Collections Budge Clinic OBGYN | | | | 434.40 |
| Sheet no. 6 of 14 sheets attached to Schedule of | • | | | Sub | otot | al | 2,569.67 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Chelsea Dawn McDade | Case No | |
|-------|---------------------|---------|--|
| _ | | Debtor | |

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu: W J C | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | UNLUCULDAH | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--------------------|---|------|-------------|----------|-----------------|
| Account No. Interstate Collections PO Box 65718 Salt Lake City, UT 84165 | | - | 7/5/2012 Collections Sublette Rural Health Clinic | T | T E D | | 4,566.09 |
| Account No. xx2055 Logan Radiology Group PO Box 1108 Bountiful, UT 84011-1108 | | - | 8/30/2010 Medical Debt | | | | 127.00 |
| Account No. xxxx9022 Logan Radiology Group PO Box 1108 Bountiful, UT 84011-1108 | | - | 11/23/11 Medical Debt | | | | 278.00 |
| Account No. xx2054 Logan Radiology Group PO Box 1108 Bountiful, UT 84011-1108 | | - | 1/18/2011 Medical Debt | | | | 139.00 |
| Account No. x5046 Meade Recovery Services LLC PO Box 352 Logan, UT 84323 | | - | Opened 10/16/08 Last Active 7/01/12 Collections Dr. Gregory Anderson (Court Judgment) | | | | 1,942.00 |
| Sheet no. 7 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | I S (Total of t | Subt | | | 7,052.09 |

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| In re | Chelsea Dawn McDade | | Case No. | |
|-------|---------------------|--------|----------------|--|
| _ | | Debtor | - ? | |

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|---|----------|-------------|---|------------|--------------|--------|-----------------|
| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | | U | D | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C A M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | ONT I NGEN | UNLIQUIDATED | SPUTED | AMOUNT OF CLAIM |
| Account No. x4834 | | | Opened 9/22/08 Last Active 7/01/12 | Т | T | | |
| Meade Recovery Services LLC PO Box 352 Logan, UT 84323 | | - | Collections Dustin V. Goodwin DDS PC (Court Judgment) | | D | | 1,430.77 |
| Account No. x1288 | ┢ | | Opened 7/29/10 Last Active 6/01/12 | + | ╁ | ┢ | |
| Meade Recovery Services LLC PO Box 352 Logan, UT 84323 | | - | Collections Cherry Creek Dental | | | | 1,857.00 |
| Account No. x9647 | | | Opened 2/04/10 Last Active 6/01/12 | | | | |
| Meade Recovery Services LLC PO Box 352 Logan, UT 84323 | | - | Collections Dr. Steven Larsen | | | | 1,066.00 |
| Account No. | H | | 1/29/2007 | + | | t | |
| Meagan Savik 294 West 400 North Tremonton, UT 84337 | | - | (Court Judgment) | | | | Unknown |
| Account No. xxx6525 | \vdash | | 4/28/2011 | + | | T | |
| MRI of Jackson Hole PO Box 428 Jackson, WY 83001 | | - | Medical Debt | | | | 1,350.00 |
| Sheet no. 8 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | • | (Total of | Sub | | | 5,703.77 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Chelsea Dawn McDade | Case No. | |
|-------|---------------------|----------|--|
| | | Debtor | |

| | С | Гни | sband, Wife, Joint, or Community | I c | Lu | D | |
|---|---------------|------------------|---|-------------|--------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | O D E B T O R | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | ONTINGEN | UNLIQUIDATED | | AMOUNT OF CLAIM |
| Account No. xxxxxxxxx4492 | 1 | | Opened 12/13/11 Last Active 7/01/12 | T | E | | |
| N.A.R. Inc 5225 Wiley Post Way, Suite 410 Salt Lake City, UT 84116 | | - | Collections Rocky Mountain Emergency Specialists | | | | 440.00 |
| Account No. xxxxxxxxx4533 | ╁ | ┝ | Opened 12/13/11 Last Active 7/01/12 | + | | \vdash | |
| N.A.R. Inc 5225 Wiley Post Way, Suite 410 Salt Lake City, UT 84116 | - | - | Collections Rocky Mountain Emergency Specialists | | | | |
| | | | | | | | 440.00 |
| N.A.R. Inc 5225 Wiley Post Way, Suite 410 Salt Lake City, UT 84116 | - | - | Opened 2/23/11 Last Active 8/01/11 Collections Rocky Mountain Emergency Specialists | | | | 419.00 |
| Account No. xxxxxx-xxxx35-20 | Ͱ | | 4/22/2008 | + | | | |
| N.A.R. Inc 5225 Wiley Post Way, Suite 410 Salt Lake City, UT 84116 | | - | Collections Rocky Mountain Emergency Specialists | | | | |
| | | | | | | | 163.97 |
| Account No. xxxxxxx-xx8513 N.A.R. Inc 5225 Wiley Post Way, Suite 410 Salt Lake City, UT 84116 | | _ | 12/14/2011 Collections Rocky Mountain Emergency Specialists | | | | 829.36 |
| Sheet no. 9 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | • | (Total of | Sub this | | | 2,292.33 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Chelsea Dawn McDade | Case No | |
|-------|---------------------|---------|--|
| _ | | Debtor | |

| CD FD FT CD IS NAME | С | Hu | sband, Wife, Joint, or Community | | С | U | D I | |
|---|----------|-------------|---|------------|------------|----------------|---------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIS SUBJECT TO SETOFF, SO STATE | AIM | 00ZH_ZGШZH | 0 – – 0 | ISPUTED | AMOUNT OF CLAIM |
| Account No. xxxxxx-xxxx35-20 | | | 4/22/2008 | | Т | ATED | | |
| N.A.R. Inc 5225 Wiley Post Way, Suite 410 Salt Lake City, UT 84116 | | - | Collections Rocky Mountain Emergency Specialists | | | D | | 163.97 |
| Account No. | Ͱ | ┝ | Collections Verizon | | | | | |
| Pinnacle Credit Service PO Box 640 Hopkins, MN 55343 | | - | Collections verizon | | | | | 562.00 |
| Account No. xxxxxxxxxx7183 | ┝ | | Opened 2/01/12 Last Active 8/01/12 | | | | | |
| Revenue Cycle Solutions Inc PO Box 7229 Westchester, IL 60154-7229 | | - | Collections Medical Debt | | | | | 3,342.00 |
| Account No. xxxxxxxxxxxx3657 | T | | Opened 12/01/10 Last Active 8/01/12 | | | | | |
| Revenue Cycle Solutions Inc PO Box 7229 Westchester, IL 60154-7229 | | - | Collections Medical Debt | | | | | 1,193.00 |
| Account No. xxxxxxxx-x-xxxx8775 | T | | Opened 3/01/10 Last Active 8/01/12 | | | | | |
| Revenue Cycle Solutions Inc PO Box 7229 Westchester, IL 60154-7229 | | _ | Collections Logan Regional Hospital | | | | | 857.00 |
| Sheet no10_ of _14_ sheets attached to Schedule of | | • | | | | ota | | 6,117.97 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Te | otal of th | is j | pag | e) | -, |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Chelsea Dawn McDade | Case No. | |
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| | | Debtor | |

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| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J | IS SUBJECT TO SETOFF, SO STATI | D AIM E. | ŅΙ | UNLLQULDAF | DISPUTED | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxx5065 | | | Opened 3/01/10 Last Active 8/01/12 | | Т | ED | | |
| Revenue Cycle Solutions Inc PO Box 7229 Westchester, IL 60154-7229 | | - | Collections Medical Debt | | | D | | 453.00 |
| Account No. xxxxxxxxxxxxx3313 | t | T | Opened 6/01/10 Last Active 8/01/12 | | 1 | ┪ | \exists | |
| Revenue Cycle Solutions Inc PO Box 7229 Westchester, IL 60154-7229 | | - | Collections Medical Debt | | | | | 213.00 |
| Account No. xxxxxxxxxxxxx3312 | 1 | | Opened 6/01/10 Last Active 8/01/12 | | 7 | 7 | | |
| Revenue Cycle Solutions Inc PO Box 7229 Westchester, IL 60154-7229 | | - | Collections Medical Debt | | | | | 183.00 |
| Account No. xxxxxxxxxxxx2460 | ┢ | \vdash | Opened 12/01/10 Last Active 8/01/12 | | \dashv | \dashv | \dashv | |
| Revenue Cycle Solutions Inc PO Box 7229 Westchester, IL 60154-7229 | | - | Collections Medical Debt | | | | | 106.00 |
| Account No. xxxxxxxxxxxxx6893 | T | | Opened 7/01/12 Last Active 8/01/12 | | \dashv | \dashv | \dashv | |
| Revenue Cycle Solutions Inc PO Box 7229 Westchester, IL 60154-7229 | | - | Collections Medical Debt | | | | | 75.00 |
| Sheet no. <u>11</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | - | • | (Т | Su otal of thi | | otal oage | - 1 | 1,030.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Chelsea Dawn McDade | | Case No. | |
|-------|---------------------|--------|----------|--|
| _ | _ | Debtor | | |

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|--|--------|-------------|---|------------|------------|---------------|-----------------|
| CREDITOR'S NAME, | CO | Hu | sband, Wife, Joint, or Community | - C | U N | D | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | DEBTOR | C J M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | NT I NG EN | LIQUIDATED | . SP U T II D | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxx8249 | | | Opened 2/01/11 Last Active 8/01/12 | ٦т | T | | |
| Revenue Cycle Solutions Inc PO Box 7229 Westchester, IL 60154-7229 | | _ | Collections Medical Debt | | D | | 70.00 |
| Account No. xxxxxxxxxxxxx5423 | H | \vdash | Opened 5/01/10 Last Active 8/01/12 | + | \vdash | H | |
| Revenue Cycle Solutions Inc PO Box 7229 Westchester, IL 60154-7229 | | - | Collections Medical Debt | | | | 61.00 |
| Account No. xxxxxxxx-x-xxxx3314 | ┢ | | 11/25/2009 | + | \vdash | Н | |
| Revenue Cycle Solutions Inc PO Box 7229 Westchester, IL 60154-7229 | | - | Collections Budge Clinic | | | | 28.07 |
| Account No. x4785 | t | | 12/7/2011 & 1/5/2012 | | | | |
| Rocky Mountain Service Bureau Inc PO Box 459 Rock Springs, WY 82902-0459 | | _ | Collections Sublette Rural Health Clinic | | | | 4,519.09 |
| Account No. xxxxxxxx 0001 | | | 4/14/2011 | + | | | |
| St. Johns Medical Center PO Box 428 Jackson, WY 83001 | | _ | Medical Debt | | | | 2,451.60 |
| Sheet no. <u>12</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | • | (Total of | Subt | | | 7,129.76 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Chelsea Dawn McDade | Case No. | |
|-------|---------------------|----------|--|
| | | Debtor | |

| | - | | | | 1 | - | 1 |
|---|----------|-------------|---|----------------|-----|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C H H | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | O NT I NG E NT | I Q | DISPUTED | AMOUNT OF CLAIM |
| Account No. xxxxxxxx 0001 | | | 4/27/2011 Medical Debt | ' | E | | |
| St. Johns Medical Center PO Box 428 Jackson, WY 83001 | | - | Medical Dept | | | | 2,178.00 |
| Account No. xxx-xxxxx4977 | ┢ | H | 4/14/2011 | + | + | ╁ | |
| St. Johns Medical Center dba ER Physicians PO Box 428 Jackson, WY 83001-0428 | | - | Medical Debt | | | | 446.00 |
| Account No. x8600 | ┢ | | 8/4/2011 | + | + | + | |
| Sublette County Rural Health Care Dist PO Box 627 Pinedale, WY 82941 | | - | Medical Debt | | | | 1,639.15 |
| Account No. xxx0613 | ┢ | H | 7/24/2011 | + | + | + | , |
| University of Utah Health Care PO Box 30465 Salt Lake City, UT 84130-0465 | | - | Medical Debt | | | | 60.00 |
| Account No. xx1708 | H | \vdash | 4/29/2011 | + | | + | |
| Western Pathology Consultants, PC PO Box 1886 Scottsbluff, NE 69363-1886 | | - | Medical Debt | | | | 176.00 |
| Sheet no13_ of _14_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total o | Sub | | | 4,499.15 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Chelsea Dawn McDade | Case No | |
|-------|---------------------|---------|--|
| _ | | Debtor | |

| | 1 | 1 | ah and Mitter Tailet an Organization | 1.0 | 1 | <u> </u> | . 1 | |
|--|----------|-----|---|-----------|--------------|-----------------|----------------|------|
| CREDITOR'S NAME, | ŏ | | sband, Wife, Joint, or Community | - ŏ | N | ۱ | <i>'</i> | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | LIQUIDATED | D I S P U T E D | AMOUNT OF CI | LAIM |
| Account No. | | | 5/9/2010 | ٦ | T | | | |
| White Dental PO Box 236 Tremonton, UT 84337 | | - | Medical Debt | | Ď | | | 7.36 |
| Account No. | | | | | | | | |
| | | | | | | | | |
| Account No. | t | T | | t | t | t | 1 | |
| | | | | | | | | |
| Account No. | | | | | | | | |
| | | | | | | | | |
| Account No. | 1 | | | | | | | |
| | | | | | | | | |
| Sheet no. 14 of 14 sheets attached to Schedule of | | • | | Sub | tota | ıl | | 7.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | his | pag | ge) | 847 | 7.36 |
| | | | (Report on Summary of So | | Γota dule | | 63,74 | 3.44 |

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B6G (Official Form 6G) (12/07)

| In re | Chelsea Dawn McDade | Case No. | |
|-------|---------------------|----------|--|
| _ | | Debtor | |

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

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B6H (Official Form 6H) (12/07)

| In re | Chelsea Dawn McDade | Case No. | |
|-------|---------------------|----------|--|
| - | | Debtor , | |

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

Brandon Lund

GMAC
PO Box 5627
Denver, CO 80217-5627

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| B6I (Offi | cial Form 6I) (12/07) | | | |
|-----------|-----------------------|-----------|----------|--|
| In re | Chelsea Dawn McDade | | Case No. | |
| | | Debtor(s) | | |

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital Status: | DEPENDENTS OF DEBTOR AND SPOUSE | | | | | |
|---|---|------------------------|--------|----------------|--------|--|
| Single | RELATIONSHIP(S): Son Son Son | AGE(S): 6 6 M6 8 | onths | | | |
| Employment: | DEBTOR | | SPOUSE | | | |
| Occupation l | Jnemployed | | | | | |
| Name of Employer | | | | | | |
| How long employed | | | | | | |
| Address of Employer | | | | | | |
| INCOME: (Estimate of average or p | rojected monthly income at time case filed) | | DEBTOR | 5 | SPOUSE | |
| 1. Monthly gross wages, salary, and o | commissions (Prorate if not paid monthly) | \$ | 0.00 | \$ | N/A | |
| 2. Estimate monthly overtime | | \$ | 0.00 | \$ | N/A | |
| 3. SUBTOTAL | | \$ | 0.00 | \$ | N/A | |
| 4. LESS PAYROLL DEDUCTIONS | | | | | | |
| a. Payroll taxes and social secur | rity | \$ | 0.00 | \$ | N/A | |
| b. Insurance | | \$ | 0.00 | \$ | N/A | |
| c. Union dues | | \$ | 0.00 | \$ | N/A | |
| d. Other (Specify): | | \$ <u></u> | 0.00 | \$ | N/A | |
| | | \$ | 0.00 | \$ | N/A | |
| 5. SUBTOTAL OF PAYROLL DED | UCTIONS | \$ | 0.00 | \$ | N/A | |
| 6. TOTAL NET MONTHLY TAKE | HOME PAY | \$ | 0.00 | \$ | N/A | |
| 7. Regular income from operation of | business or profession or farm (Attach detail | ed statement) \$ | 0.00 | \$ | N/A | |
| 8. Income from real property | | \$ | 0.00 | \$ | N/A | |
| 9. Interest and dividends | | \$ | 0.00 | \$ | N/A | |
| dependents listed above | t payments payable to the debtor for the debt | or's use or that of \$ | 0.00 | \$ | N/A | |
| 11. Social security or government ass (Specify): Food Stamps | | ¢ | 668.00 | \$ | N/A | |
| (Specify). | | | 0.00 | \$ —— | N/A | |
| 12. Pension or retirement income | | | 0.00 | \$ | N/A | |
| 13. Other monthly income | | Ψ | 0.00 | Ψ | 1473 | |
| (Specify): | | \$ | 0.00 | \$ | N/A | |
| | | \$ | 0.00 | \$ | N/A | |
| 14. SUBTOTAL OF LINES 7 THRO | DUGH 13 | \$ | 668.00 | \$ | N/A | |
| 15. AVERAGE MONTHLY INCOM | IE (Add amounts shown on lines 6 and 14) | \$ | 668.00 | \$ | N/A | |
| 16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15) | | | \$ | 668.00 | | |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

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B6J (Official Form 6J) (12/07)
In re Chelsea Dawn McDade Case No.

Debtor(s)

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SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

| expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22 | 2C. | , |
|---|----------------|----------------|
| ☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Completexpenditures labeled "Spouse." | ete a separate | e schedule of |
| 1. Rent or home mortgage payment (include lot rented for mobile home) | \$ | 0.00 |
| | | |
| a. Are real estate taxes included? b. Is property insurance included? Yes No _X No _X No _X Yes No _X | | |
| 2. Utilities: a. Electricity and heating fuel | \$ | 0.00 |
| b. Water and sewer | \$ | 0.00 |
| c. Telephone | \$ | 0.00 |
| d. Other | \$ | 0.00 |
| 3. Home maintenance (repairs and upkeep) | \$ | 0.00 |
| 4. Food | \$ | 668.00 |
| 5. Clothing | \$ | 0.00 |
| 6. Laundry and dry cleaning | \$ | 0.00 |
| 7. Medical and dental expenses | \$ | 0.00 |
| 8. Transportation (not including car payments) | \$ | 0.00 |
| Recreation, clubs and entertainment, newspapers, magazines, etc. Charitable contributions | ф | 0.00 |
| 11. Insurance (not deducted from wages or included in home mortgage payments) | Ф | 0.00 |
| a. Homeowner's or renter's | \$ | 0.00 |
| b. Life | Φ | 0.00 |
| c. Health | \$ | 0.00 |
| d. Auto | \$ | 0.00 |
| | \$ | 0.00 |
| e. Other 12. Taxes (not deducted from wages or included in home mortgage payments) | T | |
| (Specify) | \$ | 0.00 |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the | · | |
| plan) | | |
| a. Auto | \$ | 0.00 |
| b. Other | \$ | 0.00 |
| c. Other | \$ | 0.00 |
| 14. Alimony, maintenance, and support paid to others | \$ | 0.00 |
| 15. Payments for support of additional dependents not living at your home | \$ | 0.00 |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ | 0.00 |
| 17. Other | \$ | 0.00 |
| Other | \$ | 0.00 |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | \$ | 668.00 |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: | | |
| 20. STATEMENT OF MONTHLY NET INCOME | Φ. | 200.00 |
| a. Average monthly income from Line 15 of Schedule I | \$ | 668.00 |
| b. Average monthly expenses from Line 18 abovec. Monthly net income (a. minus b.) | ф ——— | 668.00 0.00 |
| c. Monuny net income (a. minus v.) | J) | 0.00 |

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B6 Declaration (Official Form 6 - Declaration). (12/07)

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United States Bankruptcy Court District of Utah

| In re | Chelsea Dawn McDade | | Case No. | |
|-------|---------------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |
| | | | | |
| | | | | |

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

| | I declare under penalty of perjury sheets, and that they are true and correct to | | ad the foregoing summary and schedules, consisting of |
|------|--|-----------|---|
| Date | September 12, 2012 | Signature | /s/ Chelsea Dawn McDade Chelsea Dawn McDade Debtor |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/10)

United States Bankruptcy Court District of Utah

| In re | Chelsea Dawn McDade | | Case No. | |
|-------|---------------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

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2

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts. List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF **PAYMENTS**

AMOUNT PAID

AMOUNT STILL OWING

Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850°. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

> DATES OF PAYMENTS/ **TRANSFERS**

AMOUNT PAID OR VALUE OF **TRANSFERS**

AMOUNT STILL OWING

NAME AND ADDRESS OF CREDITOR

None

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER NATURE OF **PROCEEDING** COURT OR AGENCY AND LOCATION

STATUS OR DISPOSITION

Meade Recovery Services vs Chelsea McDade, Case #129100658

Debt Collection

First District Court, Box Elder County, State of Utah

Judgment Entered for \$1430.77 on 8/8/2012

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF **PROPERTY**

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF **PROPERTY**

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN

NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF

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3

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Scott G. Wilding, PLLC 862 South Main Street #3A Brigham City, UT 84302

DATE OF PAYMENT. NAME OF PAYOR IF OTHER THAN DEBTOR 9/4/12

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY \$1356.00 for Legal Services

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10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

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4

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER DESCRIPTION AND VALUE OF PROPERTY LOCATION OF PROPERTY

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15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS 241 Smith Avenue, Big Piney, WY 83113 NAME USED Chelsea Dawn McDade DATES OF OCCUPANCY

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5

04/1/2011-6/6/2011

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF

ENVIRONMENTAL

NOTICE LAW

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF

DATE OF

ENVIRONMENTAL

SITE NAME AND ADDRESS

GOVERNMENTAL UNIT

NOTICE

LAW

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which None

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

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18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

(ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS

BEGINNING AND ENDING DATES

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

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20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

9/12/12 3:33PM

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(Specify cost, market or other basis)

b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY **RECORDS**

21 . Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME **ADDRESS** DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | September 12, 2012 | Signature | /s/ Chelsea Dawn McDade | |
|------|--------------------|-----------|-------------------------|--|
| | | | Chelsea Dawn McDade | |
| | | | Debtor | |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

United States Bankruptcy Court District of Utah

| In re | Chelsea Dawn McDade | | Case No. | |
|-------|---------------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

| | | 1 |
|--|-------------------|---|
| Property No. 1 | | |
| Creditor's Name: Enterprise Recovery System | | Describe Property Securing Debt: Educational |
| Property will be (check one): | | |
| ☐ Surrendered | Retained | |
| If retaining the property, I intend to (check at lea ☐ Redeem the property ☐ Reaffirm the debt | ast one): | |
| ☐ Other. Explain | (for example, avo | oid lien using 11 U.S.C. § 522(f)). |
| Property is (check one): | | |
| ☐ Claimed as Exempt | | ■ Not claimed as exempt |
| | | _ |
| Property No. 2 | | |
| Creditor's Name: GMAC | | Describe Property Securing Debt: REPOSSESSED 2004 Oldsmobile Alero, (NADA Average Trade In Value) |
| Property will be (check one): | | |
| Surrendered | ☐ Retained | |
| If retaining the property, I intend to (check at lea ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain | | oid lien using 11 U.S.C. § 522(f)). |
| Property is (check one): | | |
| ☐ Claimed as Exempt | | ■ Not claimed as exempt |

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| B8 (Form 8) (12/08) | | _ | Page 2 | |
|---|-----------------------|---|--|--|
| Property No. 3 | | | | |
| Creditor's Name: Members First Credit Union | | Describe Property Securing Debt: REPOSSESSED 2006 Saturn Ion Coupe (Court Judgment) (NADA Average Trade-In Value) | | |
| Property will be (check one): | | | | |
| ■ Surrendered | ☐ Retained | | | |
| If retaining the property, I intend to ☐ Redeem the property ☐ Reaffirm the debt | (check at least one): | | | |
| ☐ Other. Explain | (for example, av | oid lien using 11 U | J.S.C. § 522(f)). | |
| Property is (check one): | | | | |
| ☐ Claimed as Exempt | | ■ Not claimed a | as exempt | |
| PART B - Personal property subject Attach additional pages if necessary. Property No. 1 | | e columns of Part | B must be completed for each unexpired lease. | |
| Lessor's Name: Describe Leased Pr | | roperty: | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): ☐ YES ☐ NO | |
| I declare under penalty of perjury personal property subject to an un Date September 12, 2012 | | /s/ Chelsea Daw Chelsea Dawn M | | |

UNITED STATES BANKRUPTCY COURT DISTRICT OF UTAH

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$46 administrative fee, \$15 trustee surcharge: Total Fee \$306)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$46 administrative fee: Total fee \$281)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

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Form B 201A, Notice to Consumer Debtor(s)

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Page 2

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$46 administrative fee: Total fee \$1046)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$46 administrative fee: Total fee \$246)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

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B 201B (Form 201B) (12/09)

United States Bankruntey Court

| | Om | District of Utah | Court | |
|---------------------|--|---|---------------------------|----------------------------|
| In re | Chelsea Dawn McDade | | Case No. | |
| | | Debtor(s) | Chapter | 7 |
| | | OF NOTICE TO CONS 42(b) OF THE BANKRU Certification of Debtor | ` | 5) |
| Code. | I (We), the debtor(s), affirm that I (we) ha | 0 | ed notice, as required by | § 342(b) of the Bankruptcy |
| Chelsea Dawn McDade | | X /s/ Chelse | ea Dawn McDade | September 12, 2012 |
| Printed | d Name(s) of Debtor(s) | Signature | of Debtor | Date |
| Case No. (if known) | | X | | |
| | | Signature | of Joint Debtor (if any) | Date |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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United States Bankruptcy Court
District of Utah

| District of Utah | | | | | | | | | |
|---------------------------------|---|--------------------------------------|---------------------|-----------------------|--|--|--|--|--|
| In re | Chelsea Dawn McDade | | Case No. | | | | | | |
| | | Debtor(s) | Chapter | 7 | | | | | |
| | | | | | | | | | |
| VERIFICATION OF CREDITOR MATRIX | | | | | | | | | |
| Гhe abo | ove-named Debtor hereby verifies that the attac | ched list of creditors is true and o | correct to the best | of his/her knowledge. | | | | | |

/s/ Chelsea Dawn McDade

Chelsea Dawn McDade Signature of Debtor

Date: September 12, 2012